

HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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(Type or Print Clearly) ____STATE ETHICS COMMISSION

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PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
PAVLICEK	MELISSA	TEVES	(808) 447-1840
MAILING ADDRESS (Street)	FAX (808) 523-3712		
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HONOLULU	HAWAII		96813
EMPLOYING ORGANIZATION (Fill in	lobby) TELEPHONE		
HAWAII PUBLIC POLICY	(808) 447-1840		
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HONOLULU	HAWAII		96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOS	TELEPHONE	
SAFEWAY, INC	(925) 467-2212 FAX EMAIL	
MAILING ADDRESS (Street)		
5918 STONERIDGE MALL		
(City)	(State)	(Zip Code)
PLEASANTON	CALIFORNIA	94588
NAME OF PERSON RESPONSIBLE FOR	TELEPHONE	
KEITH TURNER		(925) 467-2212
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LREG 09/2009

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation			
Cansumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
Muli ((Part a 1/28/13					
(Signature of Lobbyist) (Date)						
PART V AUTHORIZAT	ION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
KEITH TURNER	DIRECTOR OF PUBLIC AFFAIRS					
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
SAFEWAY, INC			(925) 467-2212			
MAILING ADDRESS (Street)			FAX			
** ** ** ** *			EMAIL KEITH.TURNER@SAFEWAY.COM			
(City)	(State)		(Zıp Code)			
PLEASANTON	CALIFOR	RNIA	94588			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
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(Signature of Authorizing Officer or Person Represented)			(Date)			

LREG 09/2009 Page 2 of 2